

EARLY INTRODUCTION OF SOLID FOODS

(411c)

PARTICIPANT TYPE.....INFANTS
HIGH RISK.....No

RISK DESCRIPTION:

Feeding any food other than breast milk or iron-fortified infant formula before 4 months of age.

ASK ABOUT:

- Cultural, religious, family and medical factors affecting caregiver's decision to introduce solid foods
- Caregiver's knowledge of appropriate feeding management skills (e.g., forcing an infant to eat certain type/amount of food).
- Ability to read and understand labels on baby food
- Other inappropriate feeding practices related to early introduction of solid foods including use of infant feeders, feeding cereal in the bottle, etc.

NUTRITION COUNSELING/EDUCATION TOPICS:

- Breast milk or iron-fortified infant formula is all an infant needs until approximately 6 months of age.
- Explain that introduction of solids before the age of 4 months may interfere with an adequate intake of breastmilk or formula, disrupt the establishment of sound eating habits, and contribute to overfeeding.
- Before 4 months of age, infants possess an extrusion reflex that makes it difficult to move semi-solid foods to the back of the mouth to swallow. This reflex disappears around 4 months of age.
- Introducing solid foods too early can lead to food allergies because the young infant's digestive tract is immature. Gastric secretions, digestive capacity, renal capacity and enzymatic secretions also make digestion of solids inefficient.
- Feeding solid foods from a bottle or infant feeder is a form of force-feeding. These feeding methods also increase the risk for choking since the slurry is quickly pushed out or sucked out of the container.
- Feeding solid foods has not been demonstrated to be an effective strategy to promote infants sleeping through the night.
- Explain how waiting until baby demonstrates developmental readiness promotes association of positive feelings with feeding for baby and increases baby's success.

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NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Infants are developmentally ready for solid foods when:
 - They can turn their heads to indicate interest in food, hunger, and satiation.
 - The pincer grasp is developed.
 - The extrusion reflex disappears.
 - They can sit upright and maintain balance with good head and neck control.

POSSIBLE REFERRALS:

- Refer to primary care provider if caregiver has concerns about her baby's food intake or her baby's development.
- If the child appears to have developmental delays, refer the family to the Right Track Program for early intervention services (<http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html>).
- If the child is not receiving well child care or keeping appointments, refer the child (if on medical assistance) to Health Tracks (<http://www.nd.gov/dhs/services/medicalserv/health-tracks/>), the local public health department, or primary care providers in the community.